

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10749794 FILING DATE 12/30/03
 APPLICANT(S) _____

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | 1 | | | | | |
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| TOTAL IND. | 6 | | | | | |
| TOTAL DEP. | 39 | | | | | |
| TOTAL CLAIMS | 43 | | | | | |

| | IND | | DEP | | IND | | DEP | |
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| TOTAL IND. | | | | | | | | |
| TOTAL DEP. | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | |